STATE OF CALIFORNIA California Environmental Protection Agency

AIR RESOURCES BOARD TRAINING REQUEST

ASD-27 (REV.11/01/99)

EMPLOYEE INFORMATION							
NAME:		E-MAIL:			PHONE:		
CLASSIFICATION:		DIVISION:			BARGAINING UNIT:		
	INFORMATION						
COURSE TITLE:			COURSE NO:				
NAME/ADDRESS/PHONE OF INSTITUTION CONDUCTING TRAINING:			TRAINING LOCATION: (Complete address)				
TRAINING DATE:			ALTERNATE DATE:				
TRAINING TIME:	☐ A.M. ☐ P.M.		ALTERNATE TIME: A.M.			P.M.	
CHECK ONE OF THE FOLLOWING			ESTIMATED TIME AND EXPENSES				
☐ ALBEADY ENBOLLED (PERT LICE EVT.)	EMPLOYEE TIME:		TUITION/F	TUITION/REG.FEES:	
☐ ALREADY ENROLLED (REQ'D FOR COLLEGE COURSES EXCEPT UCD EX☐ REQUIRES ADVANCE PAYMENT (ATTACH BROCHURE)						OOK/SUPPLIES:	
SPECIAL ACCOMMODA	TION REQUIRED (ATTACH EXPLANAT	ΓΙΟΝ)			TRAVEL/F		
			PER DIEN				
TRAINING CATEGORIES & TAXATION			SIG	NATURES	TOTAL CO	TRAINING SECTON ONLY	
TO BE DETERMINED BY SUPERVISOR				MATOREO		TRAINING GEOTON GIVET	
☐ JOB REQUIRED – Training designed to assure adequate performance in current assignment. (Includes orientation, safety, and training mandated by law or other			ALL TRAINING MUST BE APPROVED BEFORE ENROLLMENT/ATTENDANCE		ORE	□FAXED	
state authority)		·	(Employee Signature)	Date		□PHONE ENROLLED	
 ☐ JOB RELATED – Training to increase job proficiency or improve job performance above acceptable levels of competency. ☐ UPWARD MOBILITY – Training to provide career movement for clerical classifications MST's, AR TECH's and IST's that facilitates movement to other classifications with Increased career opportunity. 			APPROVED BY			□WILL INVOICE	
						REQUISITION TO ACCTING	
☐ TAXABLE – Training which solely relates to another position and would not be required		(0)			□NOTICE TO EMPLOYEE		
in the present position IS taxable. NONTAXABLE –Upward mobility training which maintains or improves the employee's skills required in their CURRENT position remains non-taxable. CAREER RELATED – Training designed to assist in the development of career potential			(Supervisor's Signature)	Date		□KEYED	
				_		□CONFIRMATION #	
and provide opportunity	• •	(Division Chief/Designee)) Date		(Training Coordinator Signature)		
FOR TRAINING SECTION USE ONLY Communication (CM)							
□Communication (CM)	□Mgmt/Supvr (MT)		` ,	, ,		□In-Service	
□EDP (ED)	□Orientation (OR)	□Safety (SF)		Taxable		□Out-Service	

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TRAINING REQUEST

ASD-27 (REV.11/1/99)